



Food and Drug Administration 10903 New Hampshire Avenue Document Control Center – WO66-G609 Silver Spring, MD 20993-0002

Olympus Medical Systems Corporation % Ms. Laura Storms-Tyler Olympus America, Inc. 3500 Corporate Parkway, PO Box 610 Center Valley, PA 18034-0610

.101 2 7 2015

Re:

K063683

Trade/Device Name: XEU-M60A Endoscopic Ultrasound Center

Regulation Number: 21 CFR 892.1550

Regulation Name: Ultrasonic pulsed doppler imaging system

Regulatory Class: II

Product Code: IYN, IYO, ITX and ODG

Dated (Date on orig SE ltr): December 5, 2006 Received (Date on orig SE ltr): December 14, 2006

Dear Ms. Storms-Tyler,

This letter corrects our substantially equivalent letter of February 8, 2007.

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be

found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638 2041 or (301) 796-7100 or at its Internet address <a href="http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm">http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm</a>. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <a href="http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm">http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm</a> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <a href="http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm">http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm</a>.

Sincerely yours,

# Benjamin R. Fisher -S

Benjamin R. Fisher, Ph.D.
Director
Division of Reproductive, Gastro-Renal,
and Urological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

### 4.3.1 DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

### XEU-M60A ENDOSCOPIC ULTRASOUND CENTER

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Cli	nical Application	T			Mode	of Operati	on	
General (Track I only)	Specific (Tracks I & III)	В	М	PWD	CWD	Color Doppler	Combined (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
	Fetal							
	Abdominal				,			
•	Intra-operative (specify)		, , ,					
	Intraoperative (Neuro.)							
Fetal Imaging	Laparoscopic	I						
& Other	Pediatric				1.			
	Small Organ (specify)	<u></u>			<u>'</u>			
	Neonatal Cephalic	<u> </u>		<u> </u>			· .	
	Adult Cephalic	<u>L</u>	· .			'		
	Trans-rectal	N				N		Note 2
	Trans-vaginal	<u> </u>		·				
	Trans-urethral	N				N		Note 2
1	Trans-esoph. (non-Card.)	N			·	N		Note 2
	Musculo-skei. (Convent.)	<u> </u>						
	Musculo-skel. (Superfic.)	<u> </u>						
	Other (spec.) (Note 1)	N				N-		Note 2
	Cardiac Adult		1.					
Cardiac	Cardiac Pediatric							
1	Trans-esophageal (card.)							
	Other (spec.)							
Peripheral	Peripheral vessel							
Vessel	Other (spec.)							

N= new indication; P= previously cleared by FDA; E= added under Appendix E

Additional Comments:

Note 1: Specification for "Other":

Gastrointestinal tract, biliary, pancreatic duct and surrounding organs. Intraluminal ultrasound for upper airways and tracheobronchial tree

Note 2: 3-D Imaging

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Prescription Use (Per 21 CFR 801.109)

### 4.3.2 DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

# UM-2R / 3R ULTRASONIC PROBES

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Cl	inical Application	T	·		Mode	e of Operat	on	
General (Track I only)	Specific (Tracks I & III)	В	М	PWD	CWD	Color Doppler	Combined (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic	T					,	
	Fetal							
	Abdominal						. i	
·	Intra-operative (specify)						/	
	Intraoperative (Neuro.)							
Fetal Imaging	Laparoscopic							
& Other	Pediatric							7
	Small Organ (specify)							
	Neonatal Cephalic						,	
,	Adult Cephalic				`		/	
	Trans-rectal	Z					-	i
	Trans-vaginal							
	Trans-urethral	Ν					-	
	Trans-esoph. (non-Card.)	Ν						
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Other (spec.) (Note 1)	N						
	Cardiac Adult							
Cardiac	Cardiac Pediatric				· .		-	
	Trans-esophageal (card.)							_
	Other (spec.)		•					
Peripheral	Peripheral vessel				1			
Vessel	Other (spec.)							

N= new indication; P= previously cleared by FDA; E= added under Appendix E

### Additional Comments:

Note 1: Specification for "Other":

Gastrointestinal tract, billary, pancreatic duct and surrounding organs. Intraluminal ultrasound for upper airways and tracheobronchial tree

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# 4.3.3 DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

### **UM-DP12/20-25R ULTRASONIC PROBES**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

	inical Application	I			Mode of	Operation		·
General (Track i only)	Specific (Tracks I & III)	В	М	PWD	CWD	Color Doppler	Combined (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic					-		1 - 1 - 1
	Fetal			-				
, ,	Abdominal							· · · · · · · · · · · · · · · · · · ·
	Intra-operative (specify)		1.		1			
	Intraoperative (Neuro.)							·
Fetal Imaging	Laparoscopic							
& Other	Pediatric							
	Small Organ (specify)						,	+
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal	N						
•	Trans-vaginal			-				
	Trans-urethral	N						-
	Trans-esoph. (non-Card.)	N						
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Other (spec.) (Note 1)	N						
	Cardiac Adult							
Cardiac	Cardiac Pediatric							
	Trans-esophageal (card.)				·			
	Other (spec.)							
Peripheral	Peripheral vessel					'		
Vessel	Other (spec.)							

N= new indication; P= previously cleared by FDA; E= added under Appendix E

		ments:

Note 1: Specification for "Other":

Gastrointestinal tract, biliary, pancreatic duct and surrounding organs. Intraluminal ultrasound for upper airways and tracheobronchial tree

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510(k) Number .

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# 4.3.4 DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

### **ULTRASONIC GASTROVIDEOSCOPE GF TYPE UM130**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clir	nical Application	T			Mode	of Operation	on .	
General (Track i only)	Specific (Tracks I & III)	В	M	PWD	CWD	Color Doppler	Combined (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
	Fetal							
l	Abdominal							
	Intra-operative (specify)					,		
	Intraoperative (Neuro.)							,
Fetal Imaging	Laparoscopic							
& Other	Pediatric							
	Small Organ (specify)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral	Ŀ		,				
	Trans-esoph. (non-Card.)	N						
·	Musculo-skel. (Convent.)	ļ						,
	Musculo-skel. (Superfic.)					v .		
	Other (spec.) (Note 1)	N						
	Cardiac Adult							
Cardiac	Cardiac Pediatric							
	Trans-esophageal (card.)							
	Other (spec.)	ŀ		,				
Peripheral	Peripheral vessel			- !}			::	
Vessel	Other (spec.)						1.	

N=new indication; P= previously cleared by FDA; E= added under Appendix E

Add	itions	I Con	nma	nts:

Note1: Specification for "Other"

Gastrointestinal tract, billary, pancreatic duct and surrounding organs.

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### 4.3.5 DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

# EUS EXERA ULTRASONIC GASTROVIDEOSCOPE OLYMPUS GF TYPE UM160

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clir	nical Application	П			Mod	le of Opera	tion	
General (Track I only)	Specific (Tracks I & III)	В	M	PWD	CWD	Color Doppler	Combined (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
	Fetal							
•	Abdominal							
	Intra-operative (specify)	Γ	****					
	Intraoperative (Neuro.)							
Fetal Imaging	Laparoscopic							
& Other	Pediatric	<u>.</u>						
	Small Organ (specify)							
·	Neonatal Cephalic							
	Adult Cephalic	<u> </u>						
	Trans-rectal							-
	Trans-vaginal							
]	Trans-urethral							
	Trans-esoph. (non-Card.)	N						
į į	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Other (spec.) (Note 1)	N						
	Cardiac Adult							<u> </u>
Cardiac	Cardiac Pediatric							····
	Trans-esophageal (card.)		]					
	Other (spec.)							
Peripheral	Peripheral vessel							
Vessel	Other (spec.)						•	

N= new indication; P= previously cleared by FDA; E= added under Appendix E

	_
Anditional	Commante:

Note 1: Specification for "Other"

Gastrointestinal tract, biliary, pancreatic duct and surrounding organs.

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# 4.3.6 DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

# ULTRASONIC GASTROVIDEOSCOPE OLYMPUS XGF TYPE UM180

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

	nical Application		. "		Mode	of Operation	on	
General (Track I only)	Specific (Tracks I & III)	В	М	PWD	CWD	Color Doppler	Combined (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							V===-X
	Fetal			-				
	Abdominal			***************************************				
	Intra-operative (specify)						<del></del>	
	Intraoperative (Neuro.)							
Fetal Imaging	Laparoscopic							
& Other	Pediatric				7			
	Small Organ (specify)							
	Neonatal Cephalic							
	Adult Cephalic							
ł	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Card.)	N						
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Other (spec.) (Note 1)	N						
'	Cardiac Adult							
Cardiac	Cardiac Pediatric		·					
	Trans-esophageal (card.)					,		
	Other (spec.)							
Peripheral	Peripheral vessel							
Vessel	Other (spec.)			· · ·				

N= new indication; P= previously cleared by FDA; E= added under Appendix E

### Additional Comments:

Note 1: Specification for "Other"

Gastrointestinal tract, billary, pancreatic duct and surrounding organs.

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# 4.3.7 DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

### GF-UE160-AL5 ULTRASONIC GASTROVIDEOSCOPE

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

	nical Application		Mode of Operation									
General (Track I only)	Specific (Tracks I & III)	В	M	PWD	CWD	Color Doppler	Combined (Spec.)	Other (Spec.)				
Ophthalmic	Ophthalmic											
	Fetal											
	Abdominal	1		······································	· ·							
•	Intra-operative (specify)	Π										
	Intraoperative (Neuro.)							· · · · · · · · · · · · · · · · · · ·				
Fetal Imaging	Laparoscopic											
& Other	Pediatric							<del></del>				
	Small Organ (specify)											
	Neonatal Cephalic											
	Adult Cephalic							· · · · · · · · · · · · · · · · · ·				
	Trans-rectal											
	Trans-vaginal											
	Trans-urethral							<del></del>				
	Trans-esoph. (non-Card.)	N				N						
	Musculo-skel. (Convent.)	L.	·				• • • • • •					
	Musculo-skel. (Superfic.)											
	Other (spec.) (Note 1)	Ν				N		<del></del>				
	Cardiac Adult						·					
Cardiac	Cardiac Pediatric						***	<del></del> -				
	Trans-esophageal (card.)		1					· · · · · · · · · · · · · · · · · · ·				
	Other (spec.) (Note 1)							·				
Peripheral	Peripheral vessel	,						-				
Vessel	Other (spec.)						<del></del>	····				

N= new Indication; P= previously cleared by FDA; E= added under Appendix E

Additiona	I Comments:

Note1: Specification for "Other"

Gastrointestinal tract, biliary, pancreatic duct and surrounding organs.

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and Radiological Devices

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### 4.3.9 DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

### GF-UCT140-AL5 ULTRASONIC GASTROVIDEOSCOPE

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clir	ical Application		Mode of Operation								
General (Track t only)	Specific (Tracks I & III)	В	M	PWD	CWD	Color Doppler	Combined (Spec.)	Other (Spec.)			
Ophthalmic	Ophthalmic	Ī		,		,,,,,					
	Fetal										
ľ	Abdominal										
	Intra-operative (specify)			1							
	Intraoperative (Neuro.)										
Fetal Imaging	Laparoscopic										
& Other	Pediatric										
	Small Organ (specify)										
	Neonatal Cephalic										
ľ	Adult Cephalic	<u> </u>									
	Trans-rectal										
	Trans-vaginal	<u> </u>									
• [	Trans-urethral	<u> </u>			·						
	Trans-esoph. (non-Card.)	N			·	N					
	Musculo-skel. (Convent.)	<u> </u>									
	Musculo-skel. (Superfic.)	<u> </u>	<u> </u>								
	Other (spec.) (Note 1)	N_				N					
	Cardiac Adult										
Cardiac	Cardiac Pediatric							Í			
	Trans-esophageal (card.)										
	Other (spec.)		L								
Peripheral	Peripheral vessel										
Vessel	Other (spec.)										

N= new indication; P= previously cleared by FDA; E= added under Appendix E

Additional Comments:

Note1: Specification for "Other"

Gastrointestinal tract, billary, pancreatic duct and surrounding organs.

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### 4.3.8 DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE FORM

### GF-UC140P-AL5 ULTRASONIC GASTROVIDEOSCOPE

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation						
General (Track I only)	Specific (Tracks I & III)	В	М	PWD	CWD	Color Doppler	Combined (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
·	Fetal							
	Abdominal							
	Intra-operative (specify)							
	Intraoperative (Neuro.)						<u> </u>	
Fetal Imaging	Laparoscopic							
& Other	Pediatric		<u>L</u> .	· ~				
•	Small Organ (specify)							
ļ	Neonatal Cephalic	<u> </u>			,			
	Adult Cephalic	<u> </u>						
	Trans-rectal	<u> </u>						
	Trans-vaginal							
	Trans-urethral		<u> </u>					<u> </u>
	Trans-esoph. (non-Card.)	N				N	<u>[</u>	
·	Musculo-skel. (Convent.)	<u> </u>	ļ					
	Musculo-skel. (Superfic.)		ļ					
	Other (spec.) (Note 1)	N	<u> </u>			N		
Cardiac	Cardiac Adult							
	Cardiac Pediatric			,				
	Trans-esophageal (card.)		]					L
	Other (spec.)						<u> </u>	
Peripheral	Peripheral vessel							
Vessei	Other (spec.)	T	7				* .	

N= new indication; P= previously cleared by FDA; E= added under Appendix E

Additional Comments: Note1: Specification for "Other"

Gastrointestinal tract, biliary, pancreatic duct and surrounding organs.

(Division Sign-Off)

Division of Reproductive, Abdominal,

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### 510(k) SUMMARY

FEB 8 2007

December X, 2006

#### 1 General information

Applicant:

OLYMPUS MEDICAL SYSTEMS CORP.

2951 Ishikawa-cho, Hachioji-shi, Tokyo,

Japan 192-8507

Establishment Registration No: 8010047

Official Correspondent:

Laura Storms-Tyler

**Executive Director** 

Regulatory Affairs & Quality Assurance

Olympus America Inc. 3500 Corporate Parkway

PO Box 610

Center Valley, PA 18034-0610, USA

Phone: 484-896-5688 FAX: 484-896-7128

Email:Laura.storms-tyler@olympus.com Establishment Registration No: 2429304

Manufacturer:

OLYMPUS MEDICAL SYSTEMS CORP.

HINODE PLANT

34-3 Hirai Hinode-Machi, Nishitama-gun, Tokyo

Japan, 190-0182

Establishment Registration No:8010047

#### 2 Device Identification

Device Trade Name:

Model Name	Device Name
XEU-M60A	ENDOSCOPIC ULTRASOUND CENTER
UM-2R/3R	ULTRASONIC PROBES
UM-DP12/20-25R	ULTRASONIC PROBES
GF-UM130	ULTRASONIC GASTROVIDEOSCOPE
GF-UM160	EUS EXERA ULTRASONIC GASTROVIDEOSCOPE
XGF-UM180	ULTRASONIC GASTROVIDEOSCOPE
GF-UE160-AL5	ULTRASONIC GASTROVIDEOSCOPE
GF-UC140P-AL5	ULTRASONIC GASTROVIDEOSCOPE
GF-UCT140-AL5	ULTRASONIC GASTROVIDEOSCOPE

Common Name:

Diagnostic Ultrasound System

Regulation Number:

892.1550 Ultrasound Pulsed Doppler Imaging System

892.1560 Uitrasonic Pulsed Echo Imaging System

892.1570 Diagnostic Ultrasound Transducer

876.1500 Endoscope and Accessories

■ Regulatory Class:

II

### ■ Product Code:

### 90-IYN/90-IYO/90-ITX/78-KOG

### 3 Predicate Device Information

■ Ultrasound System

Subject device	Predicate device		
	Name	Control number	
XEU-M60A ENDOSCOPIC ULTRASOUND CENTER	EU-M60 EUS EXERA ENDOSCOPIC ULTRASOUND CENTER	K043275	
	EU-C60 EUS EXERA COMPACT ENDOSCOPIC ULTRASOUND CENTER	K010591	

■ Ultrasonic Gastrovideoscopes and Probes

Subject device	Predicate device				
	Name	Control			
	,	number			
UM-2R/3R	UM-2R/3R	K944610			
ULTRASONIC PROBES	ULTRASONIC PROBES	K982323			
		K982610			
UM-DP12/20-25R	UM-2R/3R	Based			
ULTRASONIC PROBES	ULTRASONIC PROBES	upon			
		K944610,			
		K982323			
		K982610.			
	•	Olympus			
		determined			
		that no			
		510(k) was			
		required			
		for device			
		changes.			
GF-UM130	GF-UM130	K971660			
ULTRASONIC	ULTRASONIC GASTROVIDEOSCOPE	K011886			
GASTROVIDEOSCOPE					
GF-UM160	GF-UM160	K011886			
EUS EXERA ULTRASONIC	EUS EXERA ULTRASONIC				
GASTROVIDEOSCOPE	GASTROVIDEOSCOPE				
XGF-UM180	GF-UM160	This			
ULTRASONIC	ULTRASONIC GASTROVIDEOSCOPE	submission			
GASTROVIDEOSCOPE	05 115400 41.5				
GF-UE160-AL5	GF-UE160-AL5	K051541			
ULTRASONIC	ULTRASONIC GASTROVIDEOSCOPE				
GASTROVIDEOSCOPE	05.1104.405.41.5				
GF-UC140P-AL5 ULTRASONIC	GF-UC140P-AL5	K011314			
GASTROVIDEOSCOPE	ULTRASONIC GASTROVIDEOSCOPE				
GF-UCT140-AL5	OF HOTHAN ALE	16040000			
ULTRASONIC	GF-UCT140-AL5	K012080			
	ULTRASONIC GASTROVIDEOSCOPE				
GASTROVIDEOSCOPE		<u>                                      </u>			

#### 4 Device Description

The combination of the XEU-M60A Endoscopic Ultrasound Center, UM-2R/3R Ultrasonic Probes, UM-DP12/20-25R Ultrasonic Probes, GF-UM130 Ultrasonic Gastrovideoscope, GF-UM160 Ultrasonic Gastrovideoscope, XGF-UM180 Ultrasonic Gastrovideoscope, GF-UE160-AL5 Ultrasonic Gastrovideoscope, GF-UC140P-AL5 Ultrasonic Gastrovideoscope, and GF-UCT140-AL5 Ultrasonic Gastrovideoscope enables the acquisition and display of high-resolution and high-penetration, real-time ultrasound B-mode endoscopic images.

#### 5 Indications for Use

The indications for use for the XEU-M60A Endoscopic Ultrasound Center are as follows:

- Transrectal
- Transurethral
- Transesophageal(non-cardiac)
- Gastrointestinal tract, biliary, pancreatic duct and surrounding organs
- Intraluminal ultrasound for upper airways and tracheobronchial tree
- 3-D Imaging

#### 6 Comparison of Technological Characteristics

The XEU-M60A Endoscopic Ultrasound Center operates identically to the predicate devices in that piezoelectric material in the transducer is used as an ultrasound source to transmit sound waves into the body. Sound waves are reflected back to the transducer and converted to electrical signals that are processed and displayed as images. Doppler shift caused by blood flow is displayed as Color Flow, or as spectrum analysis.

Technological Characteristics of this device is identical to the predicate devices identified in item 3.